Attachment A

Competitive POS Application Checklist

Competitive POS Application Checklist

Applicant:	RFP No.:

The applicant's proposal must contain the following components in the <u>order</u> shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the POS Proposal Application. *SPO-H Forms are located on the web at http://www.spo.hawaii.gov Click on Procurement of Health and Human Services and

then on Procurement Forms and Instructions for Private Agencies.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
POS Proposal Application Title Page (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Competitive POS Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
POS Proposal Application (SPO-H-200A)	Section 5, RFP	SPO Website*	X	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	(Required if not Pre-Registered)	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	SPO Website*		
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website*		
SPO-H-205B	Section 3, RFP	SPO Website*		
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	if applicable	
SPO-H-206D	Section 3, RFP	SPO Website*	if applicable	
SPO-H-206E	Section 3, RFP	SPO Website*	if applicable	
SPO-H-206F	Section 3, RFP	SPO Website*	if applicable	
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*	if applicable	
SPO-H-206I	Section 3, RFP	SPO Website*	if applicable	
SPO-H-206J	Section 3, RFP	SPO Website*	if applicable	
Certifications:				
Federal Certifications	Section 1, RFP	Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace Requirements		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		

Competitive POS Application Checklist

Applicant:	RFP No.:	RFP No.:		
Program Specific Requirements:				
	Authorized Signature	- Date		